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CONFIRMATION NO. 3144

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| SERIAL NUMBER 09/420,695 | FILING OR 371(c) DATE 10/19/1999 RULE | CLASS 424 | GROUP ART UNIT 1655 | ATTORNEY DOCKET NO. RPP156AUS |
| APPLICANTS YASMIN THANAVALA, WILLIAMSVILLE, NY; CHARLES JOEL ARNTZEN, ITHACA, NY; HUGH S. MASON, Ithaca, NY; | | | | |
| ** CONTINUING DATA ***** This application is a CIP of 09/418,177 10/13/1999 ABN | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 11/09/1999 | | | | |
| Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____ | STATE OR COUNTRY NY | SHEETS DRAWING | TOTAL CLAIMS 20 |
| INDEPENDENT CLAIMS 3 | | | | |
| ADDRESS 49003 | | | | |
| TITLE ORAL IMMUNOLOGY USING PLANT PRODUCT CONTAINING HEPATITIS SURFACE ANTIGEN | | | | |
| FILING FEE RECEIVED 445 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |

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